

Professional Services Fee Schedule

Codes for Hospital Outpatient Use Only

Hospital outpatient services provided to injured workers covered by the State Fund are paid using three payment methods:

1. Ambulatory Payment Classification (APC) system;
2. Professional Services Fee Schedule
3. Percent of Allowed Charges

When the Professional Services Fee Schedule payment method applies and the “Dollar Value” column in the Professional Services Fee Schedule indicates “Hosp. Only,” the maximum payment is determined by the following fee schedule.

Refer to the “Facility Services” section of the department’s Payment Policies for information about the application of the Professional Services Fee Schedule payment method for hospital outpatient services.

Washington State Department of Labor & Industries
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Effective August 1, 2003

HCPCS		Hospital Outpatient		
CODE	ABBREVIATED DESCRIPTION	Payment¹	HPI	FSI
C1010	Blood, L/R, CMV-NEG	By Report	N	O
C1011	Platelets, HLA-m, L/R, unit	By Report	N	O
C1015	Plt, pher,L/R,CMV, irradi	By Report	N	O
C1016	BLOOD,L/R,FROZ/DEGLY/Washed	By Report	N	O
C1017	Plt, APH/PHER,L/R,CMV-NEG	By Report	N	O
C1018	Blood, L/R, IRRADIATED	By Report	N	O
C1020	RBC, frz/deg/wsh, L/R, irradi	By Report	N	O
C1021	RBC, L/R, CMV neg, irradi	By Report	N	O
C1022	Plasma, frz within 24 hour	By Report	N	O
C1079	CO 57/58 per 0.5 uCi	By Report	N	O
C1088	LASER OPTIC TR Sys	By Report	N	O
C1091	IN111 oxyquinoline,per0.5mCi	By Report	N	O
C1092	IN 111 pentetate per 0.5 mCi	By Report	N	O
C1122	Tc 99M ARCITUMOMAB PER VIAL	By Report	N	O
C1146	Vett Tube	By Report	N	O
C1166	CYTARABINE LIPOSOMAL, 10 mg	By Report	N	O
C1167	EPIRUBICIN HCL, 2 mg	By Report	N	O
C1170	ABBI DISP BIOPSY Device	By Report	N	O
C1174	BARD BRACHYTX Needle	By Report	N	O
C1178	BUSULFAN IV, 6 Mg	By Report	N	O
C1200	TC 99M Sodium Glucoheptonat	By Report	N	O
C1201	TC 99M SUCCIMER, PER Vial	By Report	N	O
C1300	HYPERBARIC Oxygen	By Report	N	O
C1305	Apligraf	By Report	N	O
C1716	Brachytx seed, Gold 198	By Report	N	O
C1718	Brachytx seed, Iodine 125	By Report	N	O
C1719	Brachytx seed,Non-HDR Ir-192	By Report	N	O
C1720	Brachytx seed, Palladium 103	By Report	N	O
C1765	Adhesion barrier	By Report	N	O
C1774	Darbepoetin alfa, non-esrd	AWP	D	O
C1783	Ocular imp, aqueous drain de	By Report	N	O
C1814	Retinal tamp, silicone oil	By Report	N	O
C1884	Embolization protect syst	By Report	N	O
C1888	Endovas non-cardiac abl cath	By Report	N	O
C1900	Lead, coronary venous	By Report	N	O
C2616	Brachytx seed, Yttrium-90	By Report	N	O
C2618	Probe, cryoablation	By Report	N	O
C8900	MRA w/cont, abd	By Report	N	O
C8901	MRA w/o cont, abd	By Report	N	O
C8902	MRA w/o fol w/cont, abd	By Report	N	O

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HCP	CS	ABBREVIATED DESCRIPTION	Hospital Outpatient Payment¹	HPI	FSI
C8903		MRI w/cont, breast, uni	By Report	N	O
C8904		MRI w/o cont, breast, uni	By Report	N	O
C8905		MRI w/o fol w/cont, brst, un	By Report	N	O
C8906		MRI w/cont, breast, bi	By Report	N	O
C8907		MRI w/o cont, breast, bi	By Report	N	O
C8908		MRI w/o fol w/cont, breast,	By Report	N	O
C8909		MRA w/cont, chest	By Report	N	O
C8910		MRA w/o cont, chest	By Report	N	O
C8911		MRA w/o fol w/cont, chest	By Report	N	O
C8912		MRA w/cont, lwr ext	By Report	N	O
C8913		MRA w/o cont, lwr ext	By Report	N	O
C8914		MRA w/o fol w/cont, lwr ext	By Report	N	O
C9000		Na chromateCr51, per 0.25mCi	By Report	N	O
C9003		Palivizumab, per 50 mg	By Report	N	O
C9007		Baclofen Intrathecal kit-1am	By Report	N	O
C9008		Baclofen Refill Kit-500mcg	By Report	N	O
C9009		Baclofen Refill Kit-2000mcg	By Report	N	O
C9010		Baclofen Refill Kit--4000mcg	By Report	N	O
C9013		Co 57 cobaltous chloride	By Report	N	O
C9102		51 Na Chromate, 50mCi	By Report	N	O
C9103		Na lothalamate I-125, 10 uCi	By Report	N	O
C9105		Hep B imm glob, per 1 ml	By Report	N	O
C9109		Tirofiban hcl, 6.25 mg	By Report	N	O
C9111		Inj, bivalirudin, 250mg vial	By Report	N	O
C9112		Perflutren lipid micro, 2ml	By Report	N	O
C9113		Inj pantoprazole sodium, via	By Report	N	O
C9116		Ertapenem sodium, per 1 gm	AWP	D	O
C9121		Injection, argatroban	By Report	N	O
C9200		Orcel, per 36 cm2	By Report	N	O
C9201		Dermagraft, per 37.5 sq cm	By Report	N	O
C9202		Human albumin micro	By Report	N	O
C9203		Perflexane lipid micro	By Report	N	O
C9204		Ziprasidone mesylate	By Report	N	O
C9503		Fresh frozen plasma, ea unit	By Report	N	O
C9701		Stretta System	By Report	N	O
C9703		Bard Endoscopic Suturing Sys	By Report	N	O
G0175		OPPS Service,sched team conf	By Report	N	O
G0177		OPPS/PHP; train & educ serv	By Report	N	O
G0244		Observ care by facility topt	By Report	N	O
G0257		Unsched dialysis ESRD pt hos	By Report	N	O

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G0259		Inject for sacroiliac joint	By Report	N	O
G0260		Inj for sacroiliac jt anesth	By Report	N	O
G0263		Adm with CHF, CP, asthma	By Report	N	O
G0264		Assmt otr CHF, CP, asthma	By Report	N	O
G0269		Occlusive device in vein art	By Report	N	O
Q0081		Infusion ther other than che	By Report	N	O
Q0083		Chemo by other than infusion	By Report	N	O
Q0084		Chemotherapy by infusion	By Report	N	O
Q0085		Chemo by both infusion and o	By Report	N	O
S0092		Hydromorphone 250 mg	AWP	D	O
S0093		Morphine 500 mg	AWP	D	O

¹ Payment for hospital outpatient services will be made according to this fee schedule when the Professional Services Fee Schedule payment method applies and the "Dollar Value" columns in the Professional Services Fee Schedule indicate "Hosp. Only."

Refer to the "Facility Services" Payment Policies for information about the application of the Professional Services Fee Schedule payment method for hospital outpatient services.

